

Page 1 of 4

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

			10.00.10.00.00.00
As a below named inventor, I	hereby declare that:		•
My residence, post office add	lress and citizenship are as s	tated below next to my name.	
•	· ·	ne name is listed below) or an original, for which a patent is sought on the inven	irst and joint inventor (if plural names are ation entitled
	DUAL INTERFACE V	VIRELESS IP COMMUNICATION DE	EVICE
the specification of which is	attached hereto unless the fo	llowing box is checked:	
	ation Number or PCT Internat	tional Application Number (if applic	able).
I hereby state that I have rea any amendment referred to a		ontents of the above identified specificati	on, including the claims, as amended by
I acknowledge the duty to di	sclose information which is n	naterial to patentability of this application	as defined in 37 CFR §1.56.
• • • •	ave also identified below any	ted States Code §119 of any foreign app foreign application for patent or invento	plication(s) for patent or inventor's or's certificate having a filing date before
Foreign Application(Date of This Application		nventor's Certificate Filed Within 1	2 Months Prior to the Filing
		Date of Filing	Priority Claimed
Country	Application No.	(day, month, year)	<u>Under 35 U.S.C. §119</u>
			() YES () NO
	*******************************		[] YES [] NO
			n vec n no

1

All Foreign Application(s), if any, for Patent or Inventor's Certificate Filed More Than 12 Months Prior to the

!: N





Docket No. <u>50P4581</u>

[] YES

[] NO

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All Foreign App Date of This Applic	•	ntent or Inventor's Certificate Fil	ed More Than 12 Months Prior to the Filing
Country	Application No.	Date of Filing (day, month, year)	Priority Claimed Under 35 U.S.C. §119
	·····		[] YES NO
		***************************************	() YES () NO
		**************************************	U YES U NO
	hich priority is claimed.	w any toreign application for patent of	r inventor's certificate having a filing date before that
Number	Country	Day/Month/Year Filed	Priority Claimed
			[] YES NO
			[] YES [] NO
I hereby claim the	benefit under Title 35, Unit	ed States Code, §119 of any provision	al application(s) listed below.
U.S. Provisional Applicatio	n Number	Filing Date	
		a >	() YES () NO





Post Office Address: Same

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Docket No. 50P4581

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the subject matter of provided by the first material to patentabil	each of the claims of this application is paragraph of Title 35, United States Co	s not disclosed in the prior de §112, I acknowledge the ral Regulations, §1.56 whic	h became available between the filing date of	
Application		ت Status	1	
Serial No.	Date of Filing	(patened, pending	, abandoned)	
I hereby appoint t Trademark Office conne	he following attorney(s) and/or agent(s) to p acted therewith:			
	ter C. Toto, Reg. No. 36,293	Christopher M. Tobin Richard Butt	US 40,290 US 40,932	
	me A. Siegel, Reg. No. 39,027 rold T. Fujii, Reg. No. 38,458	Hans'R. Mahr	US 46,138	
	ry Goates, Reg. No. 35,159	Thomas H. Ham	US 43,654	
	derick J. Zustak, U.S. Reg. No. 36,728	John L. Rogitz	US 33,549	
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John L. Rogitz		John L. Rogitz	ı.	
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(619) 338-8075		750 B Street, Suite 3120		
•		San Diego, Ca	alifornia 92101	
that these statements were	all statements made herein of my own knowledge are tr made with the knowledge that willful false statements e and that such willful false statements may jeopardize	and the like so made are punishable	nformation and belief are believed to be true; and further by fine or imprisonment, or both, under \$1001 of Title patent issued thereon.	
			1000000000000000	
Full name of sole or first inv	enter: VIRGIL FLORES TORD	DERA		
Inventor's signature:		Date:	4/10/01	
	100 Corrales Lane, Chula Vista, Calif	ornio 01010		
Residence:	IND CHIMES FAIR, CHUID AIRID, CAIII	いいは さいさいし		

United States

Citizenship:





DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Full name of second inventor: SATORU YUKIE							
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Residence:	17847 Toltec Court, San Diego, California 92127						
Citizenship:	Japan	Post Office Address: Same					
(0)000000000000000000000000000000000000		######################################					